

**LEXINGTON**  
**TRANSPORTATION SAFETY REQUEST**  
c/o Police Department/Traffic Enforcement Unit  
1575 Massachusetts Avenue  
Lexington, MA 02420

Please complete this form and return via email to [Transportation Safety Group](#) or mail a hard copy to the Police Department at the address listed above. You will be contacted when an assessment is completed.

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

E-Mail \_\_\_\_\_

Location of Traffic Safety concern (please be specific)

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What concerns do you have with this location?

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What solutions do you feel would address your concerns?

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\*\*\*\*\* OFFICE USE ONLY\*\*\*\*\*

Date Received \_\_\_\_\_

Date Responded \_\_\_\_\_

Status \_\_\_\_\_